

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**CHANGE OF REGISTERED AGENT
and/or
REGISTERED OFFICE**

Filing Fee \$35.00 for each limited liability partnership listed

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to [31 MRSA §807](#), the undersigned limited liability partnership executes and delivers the following Change of Registered Agent and/or Registered Office:

FIRST: ("X" all boxes that apply)

- A.** ☐ change of registered office **B.** ☐ change of registered agent and registered office
C. ☐ change of registered agent **D.** ☐ change in name of current registered agent

SECOND: The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(street, city, state and zip code)

THIRD: Complete this Item as follows based on your selection in Item First:

- A.** The address of the new registered office (provide address information only);
B. The name and registered office of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information);
C. The name of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name only); **OR**
D. The new name of the current registered agent (provide name only).

(name of new registered agent or new name of current registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

FOURTH: The undersigned registered agent of the following limited liability partnership(s), who has changed the address of the registered office **OR** who has changed his or her name, has notified each limited liability partnership of the change indicated in Item Third A or D:

Name of Limited Liability Partnership

☐ Names of additional limited liability partnerships attached hereto as Exhibit ____, and made a part hereof.

Note: The following **must** be signed by the proper person as designed below.*

DATED _____ ***By** _____
(signature)

(type or print name and capacity)

Acceptance of Appointment of New Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

Registered Agent _____ **DATED** _____
(signature) (type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____
By _____
(authorized signature) (type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MLLP-18 \(31 MRSA §807.2\)](#) must accompany this document.

*This certificate **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the Registered Agent **OR**
- (2) if Item First, B. or C. was selected, at least by at least one **partner** ([31 MRSA §826.1.B](#)) **OR**
By any duly **authorized person** ([31 MRSA §826.2](#)) **OR**
- (3) if Item First, D. was selected, then by the Registered Agent.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**